

APPLICATION FOR A FINAL PLAT

Lancaster County Land Subdivision Regulations

ADDRESS OR LOCATION OF PLAT:

PLANNING DEPARTMENT USE ONLY:

RECEIPT NO

DATE

FINAL PLAT #

FEE PAID

\$ _____

\$125 + \$25/Lot

SUBDIVIDER:

Name:

Address:

Phone #: ()

OWNER:

Name:

Address:

Phone #: ()

AGENT (Authorized to act on Subdivider's behalf):

Name:

Address:

Phone #: ()

ANY OTHER ASSOCIATES:

Name:

Address:

Phone #: ()

NAME OF FINAL PLAT:

Number of Lots:

Dwelling Units:

- a Will the final plat require any zoning or other action (special permit, CUP, change of zone or vacations) to complete the development? Yes No If yes, please describe the nature of the action:
- b The final plat is based upon the preliminary plat for approved by the County Board on _____ Resolution No. _____
Date Approved
- c Is the final plat consistent with the approved preliminary plat? Yes No If not, please explain proposed changes and reasons therefor:
- d Have all of the improvements required by the preliminary plat been completed? Yes No
(Please check the Planning Commission's letter indicating the approval of the preliminary plat.) If not, which improvements have not been completed:
- e Have the neighbors been informed of your request? Yes No

Applicant's Signature:

Date:
